New Jersey Department Of Education Office Of School-To-Career And College Initiatives
Carl D. Perkins Vocational and Technical Education Act of 1998 and/or State Vocational Education
Fiscal Year 2002
A.   _____ Secondary   BUDGET DETAIL FORM A   _____ Post Secondary

B. ELIGIBLE RECIPIENT: _____ C. PERKINS PROJECT NUMBER: _____ **02**

D. EXPENDITURE CATEGORY:_____ E. FUNCTION & OBJECT CODE #: _____
(Note: Use a SEPARATE PAGE, or set of pages for EACH Expenditure Category)

F. *GOAL and OBJECTIVE NUMBER (from 5 Yr. Plan)	G. STANDARD AND MEASURE ADDRESSED (from 5 Yr. Plan)	H. CIP CODE (Approved Programs Only)	I. DESCRIPTION/ITEMIZATION/JUSTIFICATION (Include name of item and any information required for identification and approval. For all equipment and non-consumable supplies, include minimum specifications, as required by Section 6.2.1.5 of the guidelines.)	J. HOW MANY?	K. COST PER UNIT	L. TOTAL COST (J x K = L)
					$	$
		M. Page _____ of _____			N. Total	$

INSTRUCTIONS FOR COMPLETING BUDGET DETAIL FORM A

Use as many Budget Detail forms as needed. Use separate Budget Detail forms for each change of Expenditure Category. <u>Do not mix expenditure categories</u> on the same Budget Detail form. Do <u>not</u> list Salaries or Fringe Benefits on this form. Use the forms specific to salaries and fringe benefits.

Review allowable and non-allowable costs and definitions in the guidelines before completing these pages. List only those budget items consistent with the approved plan and those consistent with the budgetary constraints listed in the guidelines.

Items A through E are in the Header: Check Secondary or Post Secondary. Enter: Eligible Recipient Name, Perkins Project Number, Expenditure Category, and Function and Object Code on the appropriate lines.

Complete each column as described below for those requested costs to be fully or partially paid from Perkins federal and/or State Vocational Education funds:

Column F: GOAL, AND OBJECTIVE NUMBER: List the number of the goal and objective/ (from the approved Five-year Plan) being addressed.
Column G: Include the code for the Standard and Measure being addressed by each specific expenditure. Use the following codes:
Academic Proficiency - AP   Evidence of Completion - C
Vocational-Technical Skill Proficiencies - VT   Placement Achievement – P   Non-Traditional Training - NT

Column H: CIP Code - Enter the CIP Code of the <u>approved</u> occupational program for which the expenditure is intended. Secondary school grantees may view the Department of Education web site for the list of the grantee's verified occupational education programs at http://www.state.nj.us/njded/voc/pubvoc.htm

Column I: DESCRIPTION/ITEMIZATION/JUSTIFICATION: List/describe the item(s) proposed for funding in each category. Include information and/or specifications sufficient to describe and justify the proposed item or service. List salaries and Fringe Benefits on the special Budget Detail Forms **If space is needed on the Budget Detail form for additional items, insert additional rows.**

ITEMIZED BUDGET INFORMATION:
1. **Salaries:** Use Budget Detail Form C to list each salary item budgeted. Do not list salaries or benefits on Form A.
2. **Purchased Services (100-300,100-500; 200-320 & 200-500):** Specify the costs for services including the rate of payment (i.e., hourly, daily, per item, per pupil); the amount of service to be provided (i.e., number of pupils, evaluation, hours); and the total cost budgeted from program funds.
3. **Instructional Supplies (100-600):** List the total being requested, but include a description of how the funds will be used. See guidelines for consumable and non-consumable supplies.
4. **Textbooks (100-600):** Provide per item cost and total cost of each title.
5. **Non-Instructional Supplies and Materials (200-600):** Show administrative and program costs.
6. **Equipment (400-731 & 732):** Describe and specify the cost for <u>each</u> piece of equipment (unit cost of $2000 or more), separating instructional and non-instructional equipment. Place equipment item total costs in the total requested column. **Budget whole dollars only**.
7. List costs for all other areas similarly to those described above.

Column J: List the quantity of the item desired
Column K: List the per-unit cost of the item
Column L: List the total cost of each item (Column J X column K = Column L)
Item M: Enter the page number(s)
Item N: Enter the total of column L at the bottom of the form, and at the end of each budget detail expenditure category.